## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
اب			(Column 1)		(Column 2)			TYPE		OR	OTHER THA	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		j .	BASIC FEE	385.00	OR	BASIC FEE	<del></del>
TOTAL CHARGEABLE CLAIMS			ル minus 20=		•		1	XS 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•			X43=		1	X86=	
MI	ULTIPLE DEPE	NDENT CLAIM P	RESENT				1 1			JOR		
- 1	the difference	e in column 1 is	less than z	ero, enter	"0" in a	column 2	, [	+145=		OR	+290=	
			MENDED - PART II					TOTAL		OR	TOTAL,	770
_		(Column 1)		(Colum		(Column 3)	<u>.</u>	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 2=8	Minus	-23		=		X\$ 9=		OR	X\$18=	
	Independent	ا کی • ا	Minus	3		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								·		+290=	
<b>4.4 3 1</b>							L	+145= TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)							A	DDIT. FEE		OR,	ODIT. FEE	
	Clause (Coldinity							<del></del>				
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**	·	. 2		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	*** .		= .		X43=	· .	OR	X86=	
	FINOT PRESE	NTATION OF MU	LIPLE DEP	ENDENT	LAIM			+145=			+290=	
ι								TOTAL		OR [	TOTAL	
		AD	DIT. FEE L		OR A	DDIT. FEE	<del> </del>					
$\neg$	`	(Column 1) CLAIMS	<del></del>	(Column		(Column 3)			· ·			
SL		REMAINING AFTER AMENDMENT		. NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA			ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		3		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		3		X43=			X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	OR		
* If the pathy in column 1 is less than the pathy is only and a set of the pathy in column 1 is less than the pathy is only and the										OR	+290=	· 1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										DR A	TOTAL DOTT. FEE	
. 1	he *Highest Numb	per Previously Paid	For (Total or I	ndependent	) is the I	nighest number	found	in the appro	priate box i	n colui	าก 1.	